



2020 Rates

Please note: Premiums are calculated on a monthly basis, and the full amount is due each month. Any remaining premium will be taken from the last paycheck if applicable.

CDHP + HSA	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$547.35	\$136.84	\$63.16	\$31.58
Employee + Child	\$792.63	\$198.16	\$91.46	\$45.73
Employee + Children	\$1,190.51	\$297.63	\$137.37	\$68.68
Employee + Spouse	\$1,252.73	\$313.18	\$144.54	\$72.27
Employee + Family	\$1,722.56	\$430.64	\$198.76	\$99.38

CDHP + HRA	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$662.93	\$232.03	\$107.10	\$53.55
Employee + Child	\$960.08	\$336.03	\$155.10	\$77.55
Employee + Children	\$1,441.84	\$504.64	\$232.92	\$116.46
Employee + Spouse	\$1,517.18	\$531.01	\$245.08	\$122.54
Employee + Family	\$2,086.03	\$730.11	\$336.97	\$168.49

High Deductible Basic	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$376.76	\$113.03	\$52.17	\$26.08
Employee + Child	\$545.95	\$163.79	\$75.60	\$37.80
Employee + Children	\$819.32	\$245.80	\$113.45	\$56.72
Employee + Spouse	\$862.08	\$258.62	\$119.36	\$59.68
Employee + Family	\$1,184.90	\$355.47	\$164.06	\$82.03

TriCare Supplement	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$67.50	\$67.50	\$31.15	\$15.58
Employee + Child	\$132.50	\$132.50	\$61.15	\$30.58
Employee + Children	\$132.50	\$132.50	\$61.15	\$30.58
Employee + Spouse	\$132.50	\$132.50	\$61.15	\$30.58
Employee + Family	\$178.50	\$178.50	\$82.38	\$41.19

Dental Core	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$35.62	\$11.75	\$5.43	\$2.71
Employee + Child	\$58.77	\$19.39	\$8.95	\$4.48
Employee + Children	\$78.36	\$25.86	\$11.93	\$5.97
Employee + Spouse	\$71.23	\$23.51	\$10.86	\$5.43
Employee + Family	\$107.56	\$35.49	\$16.38	\$8.19

Dental Buy Up	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$44.96	\$17.08	\$7.89	\$3.94
Employee + Child	\$74.19	\$28.19	\$13.01	\$6.51
Employee + Children	\$98.92	\$37.59	\$17.35	\$8.67
Employee + Spouse	\$89.93	\$34.17	\$15.77	\$7.89
Employee + Family	\$135.79	\$51.60	\$23.82	\$11.91

Vision	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$7.03	\$2.32	\$1.07	\$0.54
Employee + Child	\$10.19	\$3.36	\$1.55	\$0.78
Employee + Children	\$15.29	\$5.05	\$2.33	\$1.16
Employee + Spouse	\$16.08	\$5.31	\$2.45	\$1.22
Employee + Family	\$22.11	\$7.30	\$3.37	\$1.68

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